

Mount Isa July 2019
School Holiday Program - Customer Details

Name: _____

Address: _____

Phone Number: (Mobile) _____ (Work) _____

Date of Birth: ____/____/____ **NDIS Number:** _____

Email: _____

Other contact in case of emergency:

Name: _____

Phone Number: (Mobile) _____ (Other) _____

Relationship to customer: _____

Other information:

Allergies: No Yes Cause: _____

Dietary requirements: _____

Medications:

Type	Time	Dosage	Route

Assistance with personal care: No Yes Details: _____

Mobility assistance: No Yes Details: _____

Assistance with Communication: No Yes Details: _____

Behaviour support required: No Yes

Description of behaviour (e.g. swearing, absconding, hitting, spitting, biting etc):

Strategies to manage behaviour:

Likes: _____

Dislikes: _____

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I, _____ agree to purchase _____ (number of days)
for _____ from my NDIS package to attend the Cootharinga
School Holiday Program.

Days of attendance

Name of customer: _____

will be attending the July 2019 School Holiday program on the following days:

WEEK 1 (Please tick)	✓	WEEK 2 (Please tick)	✓
Monday, 1 st July 2019		Monday, 8 th July 2019	
Tuesday, 2 nd July 2019		Tuesday, 9 th July 2019	
Wednesday, 3 rd July 2019		Wednesday, 10 th July 2019	
Thursday, 4 th July 2019		Thursday, 11 th July 2019	
Friday, 5 th July 2019		Friday, 12 th July 2019	

CONTACT

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